

ACCOUNTING SUMMARY FORM #3
FOR PROFESSIONAL GUARDIANS AND TRUSTEES
(Estates over \$80,000.00 in Liquid Assets)

9. Estate Information

For Accounting Period starting _____ and ending _____.

A. Total Assets at Market Value as of the beginning of review period \$ _____.

Income Received from All Sources (do not include new assets purchased)	CURRENT MONTHLY BENEFIT	TOTAL RECEIVED
Wages & Benefits		
Wages	\$	
Social Security	\$	
Retirement Benefit	\$	
Disability	\$	
Health Insurance Benefits	\$	
Other (Specify):	\$	\$

Interest & Dividends		
List account and amount received:		
	\$	
	\$	
	\$	\$

Other Receipts		
List source and amount received:		
	\$	
	\$	
	\$	\$

B. Total Income: \$ _____

Disbursements and Outgoing Payments	TOTAL
Personal Living Expenses	\$
Housing/Facility/Rent	\$
Companion/Attendant Care	\$
Food and Groceries	\$
Incidentals/Clothing	\$
Utilities	\$
Phone/Cable	\$
Insurance	\$
Personal Allowance	\$
Auto and Transportation	\$
Other (Specify):	\$

Healthcare Expenses	
Medical/Dental	\$
Pharmaceutical	\$
Medical Transportation	\$
Health Insurance	\$
Outside Case Management Fees	\$
Other (Specify):	\$

Guardian and Trustee Fees	
Guardian Fees	\$
Trustee Fees	\$

Professional Fees Paid to Others	
Guardian ad Litem Fees	\$
Attorney Fees: for Guardian	\$
Attorney Fees: for	\$
Asset Management Fees	\$
Bond Premium	\$
Medical Claims Assistance	\$
Accountant/Tax Preparation Fees	\$
Other (Specify):	\$

Real Property Expenses: Residence	
Maintenance & Repair	\$
Homeowners/Co-op Dues	\$
Property Taxes	\$
Mortgage	\$
Insurance	\$
Other (Specify):	\$

Investment Property Expenses	\$
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Other Expenses	
Employment Tax	\$
Income Tax Payments	\$
Costs Advanced	\$
Bank/Service Fees	\$
Other (Specify):	\$

C. Total Disbursements

\$ _____

Adjustments to Market Value of Estate	
Addition of Assets/(Liabilities) Not Previously Reported (Do not use this section for assets purchased)	
	\$
	\$

Deletion or Reduction in Value (Assets)/Liabilities Listed on previous accounting	
	\$
	\$

Gifts Received/(Made)	Date of Court Order Authorizing	
		\$
		\$
Net Gains/(Losses) from Sales of Assets		
		\$
		\$

Unrealized Gains/(Losses)	
Increase/(decrease) in unrealized gain on securities	\$
Increase/(decrease) in market value of real property	\$
Increase/(decrease) in market value of personal property	\$
Other Adjustments (Specify)	\$

D. Total Adjustments to Market Value of Estate:

\$ _____

E. Ending Balance at Market Value, as of _____ : \$ _____
(A+B+C+D)

10. Balance Sheet for the Guardianship/Trust Estate

ASSETS			
<u>Description</u>	<u>Cost Basis at</u> <u>End of Accounting</u>	<u>Market Value on</u> <u>Start of Accounting</u>	<u>Market Value at</u> <u>End of Accounting</u>
Accounting:	Date:	Date:	Date:

Real Property			
	\$	\$	\$
	\$	\$	\$

Receivables (Mortgages, Liens, Notes payable <i>to</i> the Incapacitated Person, the Estate, or Trust)			
	\$	\$	\$
	\$	\$	\$

Blocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash in Court Blocked Accounts)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Unblocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Personal and Other Property (Household Goods, Vehicles, Burial Plots, funeral Plans, Life Insurance)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

TOTAL ASSETS:	\$	\$	\$
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LIABILITIES			
	\$	\$	\$
	\$	\$	\$

TOTAL LIABILITIES:	\$	\$	\$
11. NET TOTAL ESTATE:	\$ at Cost Basis	\$ at Market Value	\$ at Market Value

Supporting Documents: Cancelled checks, (if not available, copies of cancelled checks or copies of check registers), monthly bank statements, and brokerage statements **must be included** for each account for the reporting period to support the declarations made in this report. The supporting documents must be submitted to the Court Administrator's Office with **a copy** of this report. **Do not** file the supporting documentation in the court legal file.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements in this Guardian's Report, Accounting, and Proposed Budget and attached Accounting Summary are true and correct and hereby petition the Court for approval.

SIGNED AT _____, WASHINGTON THIS _____ DAY OF _____, 200__.

Signature of Guardian

Printed Name of Guardian, WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address